

PCT**REQUEST**

The undersigned requests that the present International application be processed according to the Patent Cooperation Treaty.

For Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

22727/04031

Box No. I TITLE OF INVENTION**DETECTING THE EXPRESSION OF THE DESC1 GENE IN SQUAMOUS CELL CARCINOMA****Box No. II APPLICANT****THE OHIO STATE RESEARCH FOUNDATION**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

THE OHIO STATE RESEARCH FOUNDATION

1950 Kenny Road
Columbus, Ohio 43210-1063

This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality: US

State (that is, country) of residence: US

This person is applicant all designated all designated States except the United States of America only

the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTORS(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)
LANG, Jas C.

Columbus, Ohio 43210

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated all designated States except the United States of America only

the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the

Applicant(s) before the competent International Authorities as:

 agent common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

DOCHERTY, Pamela A.
Calfee, Halter & Griswold LLP
1400 McDonald Investment Center
800 Superior Avenue
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Telephone No. 216-622-8416

Facsimile No. 216-241-0816

Teleprinter No.

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line).....

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|---|---|
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> LS Lesotho |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> LT Lithuania |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> LU Luxembourg |
| <input checked="" type="checkbox"/> AU Australia | <input type="checkbox"/> LV Latvia |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> MD Republic of Moldova |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input type="checkbox"/> MG Madagascar |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> MN Mongolia |
| <input type="checkbox"/> BR Brazil | <input type="checkbox"/> MW Malawi |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> CA Canada | <input type="checkbox"/> NO Norway |
| <input type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input type="checkbox"/> NZ New Zealand |
| <input type="checkbox"/> CN China | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> GB United Kingdom | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> GD Grenada | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> GE Georgia | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> GH Ghana | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> GM Gambia | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> HR Croatia | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> HU Hungary | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> UG Uganda |
| <input type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> IN India | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> IS Iceland | <input type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> JP Japan | <input type="checkbox"/> YU Yugoslavia |
| <input type="checkbox"/> KE Kenya | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> KG Kyrgyzstan | |
| <input type="checkbox"/> KP Democratic People's Republic of Korea | |
| <input type="checkbox"/> KR Republic of Korea | |
| <input type="checkbox"/> KZ Kazakhstan | |
| <input type="checkbox"/> LC Saint Lucia | |
| <input type="checkbox"/> LK Sri Lanka | |
| <input type="checkbox"/> LR Liberia | |

Check-boxes reserved for designating States (for the purposes of a National patent) which have become party to the PCT after issuance of This sheet:

-
-
-

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
item (1) 01/1999	60/122,747	national application: Country	regional application: regional Office	international application: receiving Office
item (2)				
item (3)				

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1)

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /

Box No. VIII CHECK LIST; LANGUAGE OF FILING

The international application contains the following number of sheets:

request : 3
description (excluding sequence listing part) : 20
claims : 1
abstract : 1
drawings : 7
sequence listing part of description :
Total number of sheets : 32

This international application is accompanied by the item(s) marked below:

1. fee calculation sheet
2. separate signed power of attorney
3. copy of general power of attorney; reference number, if any:
4. statement explaining lack of signature
5. priority document(s) identified in Box No. VI as item(s):
6. translation of international application into (language):
7. separate indications concerning deposited microorganism or other biological material
8. nucleotide and/or amino acid sequence listing in computer readable form
9. other (specify):

Figure of the drawings which should accompany the abstract:

Language of filing of the international application:

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Pamela A. Docherty
Agent

For receiving Office use only

1. Date of actual receipt of the purported international application:	For receiving Office use only		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:			
4. Date of timely receipt of the required corrections under PCT Article 11(2):			
5. International Searching Authority (if two or more are competent):	ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.	

2. Drawings:

received:

not received:

Date of receipt of the record copy by the International Bureau:

For International Bureau use only

PCT
FEE CALCULATION SHEET
Annex to the Request

For receiving Office use only

Applicant's or agent's
file reference 22727/04031

International application No.

Applicant
THE OHIO STATE RESEARCH FOUNDATION

Date stamp of the receiving Office

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

T

2. SEARCH FEE

S

International search to be carried out by _____

(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

The international application contains _____ sheets.

first 30 sheets

b₁

x

=

b₂

remaining sheets additional amount

Add amounts entered at b₁ and b₂ and enter total at B

B

Designation Fees

The international application contains _____ designations.

x

=

D

number of designation fees

amount of designation fee payable (maximum 10)

Add amounts entered at B and D and enter total at I

I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amount entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT

P

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

The designation fees are not paid at this time.

MODE OF PAYMENT

authorization to charge
deposit account (see below)

bank draft

coupons

cheque

cash

other (specify)

postal money order

revenue stamps

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ is hereby authorized to charge the total fees indicated above to my deposit account.

(this check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account

is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account

Deposit Account Number

Date (day/month/year)

Signature

TRANSMITTAL LETTER TO THE
UNITED STATES RECEIVING OFFICE

Date	11.11.99
International Application No.	
Attorney Docket No.	22727/04031

I. Certification under 37 CFR 1.10 (if applicable)

Express Mail mailing number

Date of Deposit

I hereby certify that the application/correspondence attached hereto is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature of person mailing correspondence
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Typed or printed name of person mailing correspondence
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II. New International Application

TITLE	DETECTING THE EXPRESSION OF THE DESC1 GENE IN SQUAMOUS CELL CARCINOMA
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Earliest priority date (Day/Month/Year)
1/1999

SCREENING DISCLOSURE INFORMATION: In order to assist in screening the accompanying international application for purposes of determining whether a license for foreign transmittal should and could be granted and for other purposes, the following information is supplied. (Note: check as many boxes as apply):

- A. The invention disclosed was not made in the United States.
- B. There is no prior U.S. application relating to this invention.
- C. The following prior U.S. application(s) contain subject matter which is related to the invention disclosed in the attached international application. (NOTE: priority to these applications may or may not be claimed on form PCT/RO/101 (Request) and this listing does not constitute a claim for priority).

application no.	60/122,747	filed on	1/1999
application no.		filed on	

- D. The present international application contains additional subject matter not found in the prior U.S. application(s) identified in paragraph C. above. The additional subject matter is found on pages _____ and DOES NOT ALTER MIGHT BE CONSIDERED TO ALTER the general nature of the invention in a manner which would require the U.S. application to have been made available for inspection by the appropriate defense agencies under 35 U.S.C. 181 and 37 CFR 5.1. See 37 CFR 5.15

III. A Response to an Invitation from the RO/US. The following document(s) is(are) enclosed:

- A. A Request for An Extension of Time to File a Response
- B. A Power of Attorney (General or Regular)
- C. Replacement pages:

pages	of the request (PCT/RO/101)	pages	of the figures
pages	of the description	pages	of the abstract
pages	of the claims		

- D. Submission of Priority Documents

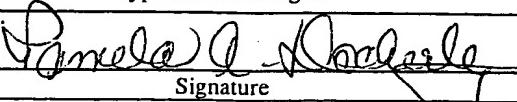
Priority document		Priority document	
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- E. Fees as specified on attached Fee Calculation sheet form PCT/RO/101 annex

IV. A Request for Rectification under PCT 91 A Petition A Sequence Listing Diskette

V. Other (please specify):

The person
signing this
form is the:

<input type="checkbox"/> Applicant	Pamela A. Docherty
<input checked="" type="checkbox"/> Attorney/Agent (Reg. No.)	Typed name of signer
<input type="checkbox"/> Common Representative	
	Signature